

**ARKANSAS STATE PLANT BOARD
P.O. Box 1069
Little Rock, Arkansas 72203**

APPLICATION FOR A GINSENG DEALER LICENSE

Number _____

Phone Number _____

Please fill out this application and enclose \$50.00 annual license fee.

Name of Organization or Business _____

Dealer's Name and Title-Owner or Manager, etc. _____

Address of Dealer _____

Location of Records _____

Location of Ginseng Roots _____

I agree to maintain true records of all purchases and sales of wild American and cultivated ginseng roots. The following information will be recorded and kept for a minimum of three years.

- A. Name and address of collector or grower. (Form 538A)
- B. County where roots collected or grown. (Form 538B)
- C. Weight of ginseng roots (in pounds and ounces) (green or dry weight) purchased (Form 538A) or sold (detachment from Form 539). Information is to be recorded for each transaction.
- D. Copies of nursery inspection certificates for cultivated ginseng. (Form 536)
- E. Copies of the Ginseng Certificate of Possession. (Form 540)

I agree to submit information from these records as required to the Arkansas State Plant Board and to make the records and ginseng roots in my possession available for inspection by an authorized employee of the Arkansas State Plant Board.

I understand that registration and execution of this agreement is in partial fulfillment of requirements of the Arkansas State Plant Board for issuance of a Certificate of Legal Taking. I agree to use any Certificates of Legal Taking which are issued based on this agreement in accordance with the requirements of the Arkansas State Plant Board.

FEES: Act 774 of 1985, Section 4, "the annual license fee for a Ginseng Dealer shall be \$50.00, which shall accompany the application for a license."

Date

Signature of Dealer